

FILED DEC 24 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

438865

STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 395

1. PLACE OF DEATH a. COUNTY <b>COLE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GASCONADE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON CITY</b>		c. CITY OR TOWN <b>PERSHING 037</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. MARY'S</b>		d. STREET ADDRESS (If outside, give location) <b>5 WEEKS</b>	
3. NAME OF DECEASED (Type or print) First <b>PAUL</b> Middle <b>ARTHUR</b> Last <b>WOLKING</b>		4. DATE OF DEATH Month <b>DEC.</b> Day <b>17</b> Year <b>1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN. 20 1900</b>
9. AGE (In years last birthday) <b>57</b>	10. FUNDING YEAR Months <b>10</b> Day <b>27</b>	IF UNDER 1 YEAR Hours <b>10</b> Min. <b>27</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING WOOLLAH MO.</b>	
11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>FRED WOLKING</b>		13b. MOTHER'S MAIDEN NAME <b>HENRIETTA LANGENBERG ALMA WOLKING NEE KRUEGER</b>	
14. NAME OF HUSBAND OR WIFE <b>ALMA WOLKING</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>489-42-8954</b>		17. INFORMANT <b>ALMA WOLKING HOPE MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Embolism &amp; Infarct</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Thrombophlebitis of pelvic veins</b> DUE TO (c) <b>Post operative hyperplastic prostatic</b>		INTERVAL BETWEEN ONSET AND DEATH <b>610X</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>8:00</b> Month, Day, Year <b>Dec. 17-57</b>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>HOPE MO.</b>	
20g. COUNTY <b>HOPE MO.</b>		20h. STATE <b>MO.</b>	
21. I attended the deceased from <b>Nov. 14-57</b> to <b>Dec. 17-57</b> and last saw him alive on <b>Dec. 17-57</b> Death occurred at <b>8:00</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>A. Ockman M.D.</b> (Degree or title)	
22b. ADDRESS <b>Persh. City - Mo.</b>		22c. DATE SIGNED <b>12-17-57</b>	
23a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>12-20-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HOPE SALEM PRESBYTERIAN</b>	23d. LOCATION (City, town, or county) (State) <b>HOPE MO.</b>
24. FUNERAL DIRECTOR <b>McGee &amp; H. Wint</b>	25. DATE RECD. BY LOCAL REG. <b>17 Dec 1957</b>	26. REGISTRAR'S SIGNATURE <b>R. R. Davis MA - PR</b>	

JAN 12 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed

*Myron H. H. Wain*

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.